

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/22/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155785		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/06/2011	
NAME OF PROVIDER OR SUPPLIER  WEST RIVER HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 714 S EICKHOFF ROAD EVANSVILLE, IN47712			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for Investigation of Complaint IN00095419.</p> <p>Complaint IN00095419 - Substantiated. Federal/state deficiencies related to the allegations are cited at F203, F205 and R045.</p> <p>Survey date: 9/6/11</p> <p>Facility number: 012448 Provider number: 155785 AIM number: N/A</p> <p>Survey team: Jennie Bartelt, RN</p> <p>Census bed type: SNF: 23 Residential: 44 Total: 67</p> <p>Census payor type: Medicare: 15 Other: 52 Total: 67</p> <p>Sample: 5 Residential sample: 1</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review 9/07/11 by Suzanne Williams, RN						

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F0203 SS=D	<p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a) (4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone</p>						

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	<p>number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>Based on record review and interview, the facility failed to ensure residents were issued a Notice of Transfer or Discharge for 2 of 4 residents reviewed related to discharge to inpatient hospitalization in a sample of 5 residents. (Residents B and C)</p> <p>Findings include:</p> <p>1. The closed clinical record for Resident C was reviewed on 9/6/11 at 2:15 p.m.</p> <p>Nurse's Notes on 8/19/11 at 1:45 [a.m. or p.m. not indicated] indicated, "CNA reported 'res. [resident] not acting right.' Res assessed....Dr. [name of physician] notified; Orders received from on-call MD to send res to [name of local hospital]. Daughter arrived &amp; requested res be sent out to ER [emergency room]...."</p> <p>Documentation in the closed record file folder failed to indicate a Notice of</p>		F0203	<p>F203Residents B and C suffered no ill effects from the alleged deficiency as stated in the 2567.All residents have the potential to be affected and through inservice and alteration in procedures will ensure that notice of transfer/discharge is issued at time of transfer and contains all required information.Completion Date 10-6-11Systemic change will be the use of a notice of transfer or discharge form that contains the local ombudsman contact information and a Discharge/Bedhold Policy signed on admission.Completion Date 10-6-11Staff inserviced on transfer/discharge notice and requirement to notify legal representative at time of transfer.Completion Date 10-6-11Director of Social Services/Designee will monitor transfer forms daily and confirm that notification occurs at time of transfer.Results of monitoring will be forwarded to QA committee monthly x 6 months and quarterly thereafter.</p>		10/06/2011	

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	<p>Transfer and Discharge was issued to the resident at the time of transfer to the hospital.</p> <p>2. The closed clinical record for Resident B was reviewed on 9/6/11 at 2:35 p.m.</p> <p>Nurse's Notes on the Skilled Nursing Assessment and Data Collection form, dated 5/26/11 at 12:00 noon indicated, "During transfer res. became unresponsive....Dr. [name of physician] here et [and] resident assessed. N.O. [new order] to monitor res et if symptoms do not resolve to send to [name of local hospital] ER for eval [evaluation]." Notes on 5/26/11 at 1:00 p.m. indicated the resident was transferred by ambulance to the hospital.</p> <p>Documentation in the closed record file folder failed to indicate a Notice of Transfer and Discharge was issued to the resident at the time of transfer to the hospital.</p> <p>During interview on 9/6/11 at 3:50 p.m., the Director of Social Services indicated she completes the Notice of Transfer and Discharge if a resident has a planned discharge, such as a discharge home, but nursing staff would complete the Notice of Transfer and Discharge if a resident is transferred to the emergency room.</p>						

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	<p>During interview on 9/6/11 at 4:30 p.m., the Executive Director indicated the nurse should complete the Notice of Transfer and Discharge as part of the transfer paperwork sent to the hospital with the resident and maintain a copy for the resident's clinical record. She also indicated the Notice of Transfer and Discharge for Residents B and C could not be located.</p> <p>This federal tag is related to Complaint IN00095419.</p> <p>3.1-12(a)(9)(A) 3.1-12(a)(9)(B) 3.1-12(a)(9)(C) 3.1-12(a)(9)(D) 3.1-12(a)(9)(E) 3.1-12(a)(9)(F) 3.1-12(a)(9)(G)</p>						

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F0205 SS=D	<p>Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.</p> <p>At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.</p> <p>Based on record review and interview, the facility failed to ensure the facility issued a copy of the facility's bed hold policy upon discharge to inpatient hospitalization for 3 of 4 residents reviewed related to discharge in a sample of 5 residents. (Residents B, C, and F)</p> <p>Findings include:</p> <p>1. The closed clinical record for Resident C was reviewed on 9/6/11 at 2:15 p.m.</p> <p>Nurse's Notes on 8/19/11 at 1:45 [a.m. or p.m. not indicated] indicated, "CNA reported 'res. [resident] not acting right.' Res assessed....Dr. [name of physician]</p>			F0205	<p>F205Residents B,C and F suffered no ill effects from the alleged deficiency as stated in the 2567.All residents have the potential to be affected and through inservice and alteration in procedures will ensure that notice of transfer/discharge is issued at time of transfer and contains all required information.Completion Date 10-6-11Systemic change will be the use of a notice of transfer or discharge form that contains the local ombudsman contact information and a Discharge/Bedhold policy signed on admission.Completion Date 10-6-11Staff inserviced on transfer/discharge notice and requirement to notify legal representative at time of</p>		10/06/2011

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	<p>notified; Orders received from on-call MD to send res to [name of local hospital]. Daughter arrived &amp; requested res be sent out to ER [emergency room]...."</p> <p>Documentation in the closed record file folder failed to indicate a copy of the facility's Bed Hold Policy was issued to the resident at the time of transfer to the hospital.</p> <p>2. The closed clinical record for Resident B was reviewed on 9/6/11 at 2:35 p.m.</p> <p>Nurse's Notes on the Skilled Nursing Assessment and Data Collection form, dated 5/26/11 at 12:00 noon indicated, "During transfer res. became unresponsive....Dr. [name of physician] here et [and] resident assessed. N.O. [new order] to monitor res et if symptoms do not resolve to send to [name of local hospital] ER for eval [evaluation]." Notes on 5/26/11 at 1:00 p.m. indicated the resident was transferred by ambulance to the hospital.</p> <p>Documentation in the closed record file folder failed to indicate a copy of the facility's Bed Hold Policy was issued to the resident at the time of transfer to the hospital.</p>				<p>transfer.Completion Date 10-6-11Director of Social Services/Designee will monitor transfer forms daily and confirm that notification occurs at time of transfer.Results of monitoring will be forwarded to QA committee monthly x 6 months and quarterly thereafter.</p>		



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	<p>3. The closed clinical record for Resident F was reviewed on 9/6/11 at 12:50 p.m.</p> <p>The record included a copy of Notice of Transfer or Discharge, dated 8/2/11, which indicated the resident was discharged to a local inpatient behavior unit. The third page of the document was titled, "Nursing Facility Bed Hold Policy." The second section of this page was labeled "Facility bed hold policy" and was blank. The fourth page of the document was labeled "Notice of Transfer or Discharge Request for Hearing." The last section of the page indicated an unchecked entry labeled, "Attach facility bed hold policy." Documentation failed to indicate the Bed Hold Policy had been provided to the resident.</p> <p>During interview on 9/6/11 at 4:30 p.m., the Executive Director indicated she was unable to locate the facility's current policy related to discharge and bed holds. She indicated the policy had been revised in June 2011, according to the facility's Corporate Nurse Consultant. She also indicated further information related to providing the Bed Hold Policy to Residents B, C, and F could not be located.</p> <p>This federal tag is related to Complaint IN00095419.</p>						

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R0000	3.1-12(a)(25)(A) 3.1-12(a)(25)(B)  The following residential finding is cited in accordance with 410 IAC 16.2-5.			R0000			

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R0045	<p>(6) Before an interfacility transfer or discharge occurs, the facility must, on a form prescribed by the department, do the following:</p> <p>(A) Notify the resident of the transfer or discharge and the reasons for the move, in writing, and in a language and manner that the resident understands. The health facility must place a copy of the notice in the resident 's clinical record and transmit a copy to the following:</p> <p>(i) The resident.</p> <p>(ii) A family member of the resident if known.</p> <p>(iii) The resident 's legal representative if known.</p> <p>(iv) The local long term care ombudsman program (for involuntary relocations or discharges only).</p> <p>(v) The person or agency responsible for the resident 's placement, maintenance, and care in the facility.</p> <p>(vi) In situations where the resident is developmentally disabled, the regional office of the division of disability, aging, and rehabilitative services, who may assist with placement decisions.</p> <p>(vii) The resident 's physician when the transfer or discharge is necessary under subdivision (4)(C), (4)(D), (4)(E), or (4)(F).</p> <p>(B) Record the reasons in the resident 's clinical record.</p> <p>(C) Include in the notice the items described in subdivision (9).</p> <p>(7) Except when specified in subdivision (8), the notice of transfer or discharge required under subdivision (6) must be made by the facility at least thirty (30) days before the resident is transferred or discharged.</p> <p>(8) Notice may be made as soon as practicable before transfer or discharge when:</p> <p>(A) the safety of individuals in the facility would be endangered;</p> <p>(B) the health of individuals in the facility</p>						

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	<p>would be endangered;</p> <p>(C) the resident ' s health improves sufficiently to allow a more immediate transfer or discharge;</p> <p>(D) an immediate transfer or discharge is required by the resident ' s urgent medical needs; or</p> <p>(E) a resident has not resided in the facility for thirty (30) days.</p> <p>(9) For health facilities, the written notice specified in subdivision (7) must include the following:</p> <p>(A) The reason for transfer or discharge.</p> <p>(B) The effective date of transfer or discharge .</p> <p>(C) The location to which the resident is transferred or discharged.</p> <p>(D) A statement in not smaller than 12-point bold type that reads, " You have the right to appeal the health facility ' s decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a hearing with the Indiana state department of health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge unless the facility is authorized to transfer you under subdivision (8). If you wish to appeal this transfer or discharge, a form to appeal the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana state department of health at the number listed below. " .</p> <p>(E) The name of the director and the address, telephone number, and hours of operation of the division.</p> <p>(F) A hearing request form prescribed by the department.</p> <p>(G) The name, address, and telephone</p>						

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	<p>number of the state and local long term care ombudsman.</p> <p>(H) For health facility residents with developmental disabilities or who are mentally ill, the mailing address and telephone number of the protection and advocacy services commission.</p> <p>Based on record review and interview, the facility failed to ensure residents were issued a Notice of Transfer or Discharge for 1 of 1 resident reviewed related to discharge to inpatient hospitalization in a sample of 1 resident. (Resident G)</p> <p>Findings include:</p> <p>The closed clinical record for Resident G was reviewed on 9/6/11 at 12:50 p.m. The record indicated the resident was admitted to the facility on 6/3/11.</p> <p>Social Service Progress Notes, dated 7/6/11 indicated the Director of Social Services contacted three behavior units seeking placement for evaluation and treatment of Resident G's behaviors of throwing food trays at staff and in the floor and threatening and combativeness with staff.</p> <p>A physician's order, dated 7/6/11, indicated, "Send to [name of behavior unit] for eval [evaluation] and tx [treatment]."</p>		R0045	<p>R045Resident G suffered no ill effects from the alleged deficiency as stated in the 2567.All residents have the potential to be affected and through inservice ad alteration in procedures will ensure that notice of transfer/discharge is issued at time of transfer and contains all required information.Completion Date 10-6-11Systemic change will be the use of a notice of transfer or discharge form that contains the local ombudsman contact information and Discharge/Bedhold policy signed on admission.Completion Date 10-6-11Staff inserviced on transfer/discharge notice and requirement to notify legal representative at time of transfer.Completion Date 10-6-11Director of Social Service/Designee will monitor transfer forms daily and confirm that notification occurs at time of transfer.Results of monitoring will be forwarded to QA committee monthly x 6 months and quarterly thereafter.We respectfully request for a desk review.</p>		10/06/2011	

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NAME OF PROVIDER OR SUPPLIER  WEST RIVER HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 714 S EICKHOFF ROAD EVANSVILLE, IN47712			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Documentation in the closed record file failed to indicate a Notice of Transfer or Discharge was issued to the resident.</p> <p>During interview on 9/6/11 at 3:50 p.m., the Director of Social Services indicated she completes the Notice of Transfer and Discharge if a resident has a planned discharge, such as a discharge home, but nursing staff would complete the Notice of Transfer and Discharge if a resident is transferred to the emergency room.</p> <p>This state finding is related to Complaint IN00095419.</p>						